

The Commonwealth of Massachusetts Executive Office of Public Safety and Security

Office of Grants & Research Research and Policy Analysis Division Ten Park Plaza, Suite 3720 Boston, Massachusetts 02116

Electronic Control Weapons (ECW) Use Reporting Form

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Semi-Annual Reporting Period	Time Period	Report Due Date			
1st	January 1, 2018 – June 30, 2018	July 31, 2018			
2nd	July 1, 2018 – December 31, 2018	January 31, 2019			

Important!

- Collection of these data is authorized and required under MGL ch.170 sec. 2 of the Acts of 2004.
- EOPSS is mandated to publish these data annually. Annual reports are posted on the EOPSS website.
- Only provide information that reflects use of ECWs during this semi-annual reporting period only.
- Submit the completed report to ecw@MassMail.State.MA.US or fax it to Katie Sharkey at 617.725.0260.
- Contact Katie Sharkey by phone (617.725.3311) or via email (<u>ecw@MassMail.State.MA.US</u>) with any questions or concerns.

PART I. AGENCY INFORMATION

1.	How many sworn officers were in your department at the end of this reporting period? Include all part-time, full-time, reserve and other officers employed by your department.	
2.	How many swom officers have completed the approved training program for ECWs to date? Include all part-time, full-time, reserve and other officers employed by your department.	
3.	How many ECWs does your department own?	
4.	How many sworn officers who have completed the approved training program for ECWs carried ECWs during this reporting period? Include all part-time, full-time, reserve and other officers employed by your department.	
5.	How many ECW involved incidents occurred during this reporting period?	

- See next page for definition of an *ECW incident*.
- If no incidents occurred, report a value of zero (0) leave remaining questions blank. Submit entire form.



PART II. INCIDENT LEVEL INFORMATION

DEFINITIONS FOR SECTION II

ECW Incident

 An event in which an officer (or a group of officers) issued a warning and/or deployed an ECW on a single subject.

ECW Contact

 Each individual officer's deployment, warning, or display of an ECW towards a single subject.

Example: Four officers respond to one call and only one officer issues a warning and a second officer deploys a weapon on a single subject. This would be one incident and two contacts (e.g., 1 and 1b).

ECW Warning Types

- Verbal/visual warning any spoken words or display of the ECW that would indicate to a subject that an ECW may be used. This warning can include:
 - 1) Any direct wording to a subject indicating or implying that an ECW will be used:

Example: Displaying ECW and shouting, "Stop!"

Any indirect wording that a subject may overhear indicating or implying that an ECW is about to be deployed.

Example: A warning to other officers that an ECW is about to be deployed: "Taser, Taser, Taser"

- Laser warning laser function of the ECW is utilized as a warning.
- **Spark warning** spark function of the ECW is utilized as a warning.

ECW Deployment Types

- Probe Deployment the probe function of the ECW is utilized (includes follow-up drive stuns when a single probe is still attached).
- Stun Deployment the drive stun function of the ECW is utilized.



	1	2	3	4	5	6	}	7		8	
	Incident			Date of		\/ - = - 10/:-					
	Number	Weapon Serial Number List the serial number of the	Weapon Color	Incident List the	Warning		b. Did		Varning	Spark Was a	larning b. Did
	List the incident number sequentially (1,2,3).	ECW weapon that was involved.	color of the ECW device.	date in which the ECW incident	ECW warning given at any	verbal/ visual warning	subject submit to	laser warning given?	subject submit to	spark warning given?	subject submit to spark warning?
	Do not list in-house incident numbers				the incident?	~	warning?		g		g
l ine number	For incidents with more than one officer use same incident number and chronological letter suffix.			mm/dd/yyyy	Select: Yes or No If No, skip to question 10	Select: Yes or No If No, skip to question 7	Select: Yes or No	Select: Yes or No If No, skip to question 8	Yes or No	Select: Yes or No If No, skip to question 9	Select: Yes or No
ΕX	1	XX12345	Yellow	01/02/2015	Yes	Yes	No	No		No	
E		C23456	Black	01/02/2015	No						
EX	2	11234DE	Yellow	02/05/2015	Yes	No		Yes	Yes	Yes	Yes
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	9		10		1	l1	12	13	14
	Submission	Pro	obe Deploymer	nts	Stun Dep	oloyments	Subject Sex	Subject Race	DOB
	If the subject submitted to any ECW warning type, did submission continue throughout the duration of the entire incident?	number of 2 dart probe		submit to probe	a. Indicate the number of stun deployments.	b. Did subject submit to stun deployments?		With the exception of Hispanic or Latino consider all race categories as being of non- Hispanic origin	Subject date of birth Leave blank if unknown.
	Select: Yes or No			Select: Yes or No		Select: Yes or No	Select: Male Female	Select: White	
Line number	If the subject did not submit to any ECW warning types, leave blank	(If 0, enter 0 and skip to question 11)			(If 0, enter 0 and skip to question 12)		Non-Human (i.e. dog) If Non-human	Black Hispanic or Latino American Indian/Alaska Native Asian Native Hawaiian or other Pacific Islander Two or more races Other (please specify on the line)	mm/dd/yyyy
Line							STOP	Unknown	
EX	No	0			2	Yes	Male	White	05/10/1965
EX		1	3	Yes	0		Male	White	05/10/1965
EX	Yes	0			0		Female	American Indian/Alaska Native	12/01/1948
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Need more pages?

Use the following pages to report additional cases. If additional space is still needed, copy the original blank file and complete.

	1	2	3	4	5	6			7	8	
	Incident			Date of							
	Number	Weapon Serial Number	Weapon Color	Incident	Warning		ual Warning		Varning	Spark W	
	number	List the serial number of the ECW weapon that was involved.	color of the ECW device.	date in which the ECW incident occurred.	ECW warning given at any	verbal/ visual warning given?	subject submit to	laser warning given?	subject submit to	a. Was a spark warning given?	b. Did subject submit to spark warning?
	Do not list in-house incident numbers										
Line number	For incidents with more than one officer use same incident number and chronological letter suffix.			mm/dd/yyyy	Select: Yes or No If No, skip to question 10	Select: Yes or No If No, skip to question 7	Yes or No	Select: Yes or No If No, skip to question 8	Yes or No	Select: Yes or No If No, skip to question 9	Select: Yes or No
EX	1			01/02/2015	Yes	Yes	No	No		No	
EX				01/02/2015	No			1/	1/	1/	1/
ΕX	2			02/05/2015	Yes	No		Yes	Yes	Yes	Yes
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	Submission	Pro	obe Deploymer	nts	Stun Dep	oloyments	Subject Sex	Subject Race	DOB
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	Select: Yes or No			Select: Yes or No		Select: Yes or No	Select: Male Female	Select: White	
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Line number							STOP	Two or more races Other (please specify on the line) Unknown	
EX	No	0			2	Yes	Male	White	05/10/1965
EX	.,	1	3	Yes	0		Male	White	05/10/1965
EX	Yes	0			0		Female	American Indian/Alaska Native	12/01/1948
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